

**ARKANSAS BOARD OF REGISTRATION FOR  
PROFESSIONAL ENGINEERS AND LAND SURVEYORS**  
P.O. Box 3750  
Little Rock, Arkansas 72203-3750  
www.arkansas.gov/pels  
Phone (501) 682-2824 Fax (501) 682-2827  
**APPLICATION FOR REGISTRATION  
AS A SURVEYOR INTERN**

Date Received Application: \_\_\_\_\_

Check: \_\_\_\_\_

**GENERAL INFORMATION**

Name in full \_\_\_\_\_ Date \_\_\_\_\_

If you have ever used another name list it here \_\_\_\_\_

Social Security No. \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (Fax) \_\_\_\_\_

Telephone (O) \_\_\_\_\_ Ext. \_\_\_\_\_

Employer \_\_\_\_\_

E-mail \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

Is this your work address? \_\_\_\_\_ Present Position \_\_\_\_\_

Place of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Are you a resident of Arkansas? \_\_\_\_\_ Since \_\_\_\_\_ (year)

Are you a U.S. citizen? \_\_\_\_\_ If not, where? \_\_\_\_\_ Photo taken on \_\_\_\_\_ mo/yr

Have you taken the SI exam previously? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Please tape sides down

**Attach Recent Photograph  
With Face Not Less  
Than ¾" Wide**

**EDUCATION**

Preparatory Education (Circle Highest Grade Completed)

1 2 3 4 5 6 7 8 9 10 11 12

Attended high school at \_\_\_\_\_ for \_\_\_\_\_ years

Graduated on \_\_\_\_\_

**COLLEGE OR TECHNICAL EDUCATION**

INSTITUTION ATTENDED		PERIOD OF ATTENDANCE			TECHNICAL	DATE	DEGREEE
NAME	LOCATION	FROM	TO	YEARS	COURSE	GRADUATED	RECEIVED

**REFERENCES**

Give the names of 3 references, **not relatives and not members of this Board**. Two must be licensed land surveyors who are familiar with your work.

Name	Mailing Address—Street and Number	City	State	Zip Code

**MEMBERSHIP IN SOCIETIES, ASSOCIATIONS, OR INSTITUTIONS**  
(Professional or Scientific)

Name of Organization	Location	Grade of Membership	Date of Entrance

I do hereby certify that I have read the Rules and Regulations of the Board, the Rules of Professional Conduct, and the Arkansas Minimum Standards for Property Boundary Surveys and Plats, and by submitting this application agree to be bound by the Acts of Arkansas, the Rules and Regulations of the Board, the Rules of Professional Conduct, and the Minimum Standards and that a violation of any of the above could be the basis for revocation of my license.

\_\_\_\_\_  
Signature of Applicant

**AFFIDAVIT**

( To be attested before a Notary Public or other officer authorized to administer oaths)

State of \_\_\_\_\_

ss

County of \_\_\_\_\_

On the day of \_\_\_\_\_, 20\_\_\_\_, before the undersigned, a Notary Public, in and for the County and State

Aforesaid, came \_\_\_\_\_

a resident of \_\_\_\_\_, County and State of \_\_\_\_\_, known to me as the person herein described and subscribing hereto, as having signed the form of application attached hereto, and on oath deposes and says that the statements made are true.

Signature of Affiant \_\_\_\_\_

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_  
(Notary Public)

**ENDORSEMENT**

I, \_\_\_\_\_, \_\_\_\_\_  
(Name) (Title or Position)

of the \_\_\_\_\_ herby certify that I have examined the foregoing record which to the best  
EMPLOYER OR SUPERVISOR

of my knowledge and belief is correct and recommend that the applicant named herein be approved for examination as a Surveyor Intern.

\_\_\_\_\_  
EMPLOYER OR SUPERVISOR



**ARKANSAS  
STATE BOARD OF REGISTRATION  
FOR PROFESSIONAL ENGINEERS**

**P.O. BOX 3750  
LITTLE ROCK, ARKANSAS 72203-3750**

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Office of Registrar \_\_\_\_\_ (College Name)

Applicant's First, Middle & Last Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_

Dear Sir or Madam:

The above named individual has filed an application for registration with this Board. In regard to his/her education, he/she states as follows:

List Types of Degrees and Date Received:

\_\_\_\_\_

**ONLY** a registrar may complete this form.

*Registrar Completes: place college seal here*

**Correct:** \_\_\_\_\_

**Incorrect:** \_\_\_\_\_

Registrar's name \_\_\_\_\_

Phone number \_\_\_\_\_

Date: \_\_\_\_\_

Please check your records and advise this Board as to the accuracy of that portion of his/her educational record which pertains to your school. Your cooperation in this matter will be sincerely appreciated.

Yours very truly,  
Executive Director

**ARKANSAS STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS  
AND LAND SURVEYORS**

NOTE: Applicant should complete top portion and forward to college with stamped envelope addressed to Arkansas Board, P.O. Box 3750, Little Rock, AR 72203-3750.

## Surveyor Intern

Arkansas Board of Registration for  
Professional Engineers and Land Surveyors  
P.O. Box 3750  
Little Rock, AR 72203

\_\_\_\_\_  
Applicant's Name

**Note:** The applicant will forward this form to each reference. Each reference is requested to complete it fully and forward directly to the Board.

(Please use black typewriter ribbon or a dark ball-point pen)

### *PERTAINING TO APPLICANT*

1. I have known the applicant for \_\_\_\_\_ years.
2. I (am) (am not) related. Relationship  
\_\_\_\_\_
3. Applicant is employed by  
\_\_\_\_\_
4. Applicant's general reputation and character are  
\_\_\_\_\_
5. I believe applicant's technical ability to be (fair) (average) (good) (excellent) (superior).
6. My business connection with applicant (is) (has been) \_\_\_\_\_  
\_\_\_\_\_
7. In your opinion has the applicant had experience in (a) boundary surveys ☐ (b) area surveys ☐ (c) mapping ☐  
(d) land descriptions ☐ and other surveying work which justify applicant's registration as a surveyor.
8. The following is my evaluation of the applicant's ability as a surveyor.  
\_\_\_\_\_  
\_\_\_\_\_

### *PERTAINING TO REFERENCE*

My business of profession is:  
\_\_\_\_\_

I am a current registered professional surveyor in the state of \_\_\_\_\_ \*Reg.No. \_\_\_\_\_

I am associated with:  
\_\_\_\_\_

Address:  
\_\_\_\_\_

Please Type or Print Your Name \_\_\_\_\_ Signature \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

\*ALL NON-ARKANSAS PS REFERENCES MUST SUPPLY EVIDENCE OF CURRENT REGISTRATION.

**Experience Record** For: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Degree: \_\_\_\_\_

(Read Instructions Carefully Before Completing this Section)

(Copy this page if you need more room for your experience.)

(Total time cannot exceed calendar time.)

Engagement Number	Dates: Mo. - Day - Yr. From _ To _	TITLE OF POSITION, NAME OF EMPLOYER AND CHARACTER OF EACH ENGAGEMENT. Make statements concise and explicit, include nature, magnitude, and complexity of work on which engaged, your duties and degree of responsibility. LIST ENGAGEMENTS IN CHRONOLOGICAL ORDER, EARLIEST ENGAGEMENT AS NO. 1. DOUBLE SPACE BETWEEN ENGAGEMENTS. (Do not let description of engagements run into columns for date or time.) [ALL TIME SINCE HIGH SCHOOL OR AGE 18 (whichever is later) MUST BE ACCOUNTED FOR, INCLUDING MILITARY, ILLNESS, SCHOOL, UNEMPLOYMENT, ETC.]	Time Yrs. To decimals in tenths						Name, Title, Address and license number of Person Who Supervised Your Surveyor Work
			(1)	(2)	(3)	(4)	(5)	(6)	
			Other work	Professional Work in Surveying as a Party Chief and above					
				Construction & Engineering	Boundary Land	Title Search, Description & Platting	Computing & Mapping	Total PS Experience Columns 2, 3, 4 and 5	

1. Total Other Work Time.....									
2. Total Professional Time in Construction & Eng. Surveying.....									
3. Total Professional Time in Boundary Land Surveying.....									
4. Total Professional Time in the Title Searching and Preparing Deed Descriptions.....									
5. Total Professional Time in Computing and Mapping.....									
6. Total Professional Time 2+3+4+5 (Not to exceed calendar time).....									